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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875					Application or Docket Number <b>10/605616</b>	
<b>CLAIMS AS FILED - PART I</b>						
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$		\$ <b>770</b>
TOTAL CLAIMS (37 CFR 1.16(c))	<b>20</b>	minus 20 =	X \$		X \$	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<b>3</b>	minus 3 =	X \$		X \$	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+	\$	+	\$
			TOTAL		TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2.						
<b>CLAIMS AS AMENDED - PART II</b>						
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE ADDITIONAL FEE
Total (37 CFR 1.16(c))	<b>20</b>	minus	<b>20</b>	X \$		X \$
Independent (37 CFR 1.16(b))	<b>3</b>	minus	<b>3</b>	X \$		X \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	\$	+
				TOTAL ADD'L FEE		TOTAL ADD'L FEE
<b>1-3-06</b>						
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE ADDITIONAL FEE
Total (37 CFR 1.16(c))	<b>18</b>	minus	<b>20</b>	X \$		X \$
Independent (37 CFR 1.16(b))	<b>2</b>	minus	<b>3</b>	X \$		X \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	\$	+
				TOTAL ADD'L FEE		TOTAL ADD'L FEE
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE ADDITIONAL FEE
Total (37 CFR 1.16(c))	<b>15</b>	minus	<b>20</b>	X \$		X \$
Independent (37 CFR 1.16(b))	<b>2</b>	minus	<b>3</b>	X \$		X \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	\$	+
				TOTAL ADD'L FEE		TOTAL ADD'L FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  
 \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  
 \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 2, enter "2".

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.